

FILED APR 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. **9146**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **138**

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 18 Hrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Van Buren Township		04th
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium			d. STREET ADDRESS (If rural, give location) Rt. #2 Colburn Road		

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT		b. (Middle) MARION		c. (Last) ROGERS		4. DATE OF DEATH (Month) (Day) (Year) April 5, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14, 1891		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 1	IF UNDER 14 HRS. Days 21 Hours 00 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cooperstown No. Dakota		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Frank T. Rogers		13b. MOTHER'S MAIDEN NAME Ida Brown		14. NAME OF HUSBAND OR WIFE May Rogers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. May Rogers, Oak Grove, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis Acute Generalized Peritonitis		INTERVAL BETWEEN ONSET AND DEATH about 48 hrs	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforation of Cecum cause unknown		✓ 48 hrs	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		576X	

19a. DATE OF OPERATION 4-5-1950		19b. MAJOR FINDINGS OF OPERATION same as above		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Dec 9, 1950** to **Apr 5, 1950** that I last saw the deceased alive on **Apr 5, 1950** and that death occurred at **9:50** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ethel Watson MD		23b. ADDRESS 129 W Lexington		23c. DATE SIGNED 4-7-1950	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/8/50		24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	
24d. LOCATION (City, town, or county) (State) Jackson County, Missouri					

DATE REC'D BY LOCAL REG. Apr 7-1950		REGISTRAR'S SIGNATURE R. R. Speaks		25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks, Independence, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 8 1950

APR 27 1950

NOV 16 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Roland E. Speake
Licensed Embalmer No. 3604

P. O. Address Independence, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.